

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>163705</i>	FILING DATE	
								APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/	/	/	/	/		51			
2		/		/			52			
3	/		/				53			
4	/		/				54			
5	/	/	/	/			55			
6	/	/	/	/			56			
7	/	/	/	/			57			
8	/	/	/	/			58			
9	/	/	/	/			59			
10	/	/	/	/			60			
11	/	/	/	/			61			
12	/	/	/	/			62			
13	/	/	/	/			63			
14	/	/	/	/			64			
15	/		/				65			
16	/		/				66			
17	/		/				67			
18	/		/				68			
19	/		/				69			
20	/		/				70			
21	/		/				71			
22	/		/				72			
23	/		/				73			
24	/		/				74			
25	/		/				75			
26	/		/				76			
27	/		/				77			
28	/		/				78			
29	/		/				79			
30	/		/				80			
31	/		/				81			
32	/		/				82			
33	/		/				83			
34	/		/				84			
35	/		/				85			
36	/		/				86			
37	/		/				87			
38	/		/				88			
39	/		/				89			
40	/		/				90			
41	/		/				91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			21				TOTAL IND.			
TOTAL DEP.			20				TOTAL DEP.			
TOTAL CLAIMS			541				TOTAL CLAIMS			